CARE-AGE OF BROOKFIELD 1755 NORTH BARKER ROAD

BROOKFIELD 53045 Phone: (262) 821-3939 Ownership: Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Skilled Highest Level License: Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/03): 110 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/03): 110 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/03: 104 Average Daily Census: 107

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis.	of Residents (12/31/03)	Length of Stay (12/31/03)	8		
Home Health Care	No			Age Groups	용		20.2		
Supp. Home Care-Personal Care	No					1 - 4 Years	48.1		
Supp. Home Care-Household Services	No	Developmental Disabilities	4.8	Under 65 2.9		More Than 4 Years	15.4		
Day Services	No	Mental Illness (Org./Psy)	40.4	65 - 74	3.8				
Respite Care	Yes	Mental Illness (Other)	3.8	75 - 84	27.9		83.7		
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	58.7	********	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.9	95 & Over	6.7	Full-Time Equivalent			
Congregate Meals No		Cancer 5.8				Nursing Staff per 100 Residents			
Home Delivered Meals No F		Fractures	2.9		100.0	(12/31/03)			
Other Meals	No	Cardiovascular	11.5	65 & Over	97.1				
Transportation	No	Cerebrovascular	8.7			RNs	11.9		
Referral Service	No	Diabetes	0.0	Gender	용	LPNs	11.3		
Other Services	No	Respiratory	7.7			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	12.5	Male	21.2	Aides, & Orderlies	39.1		
Mentally Ill	No			Female	78.8				
Provide Day Programming for			100.0						
Developmentally Disabled	No				100.0				
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Method of Reimbursement

		edicare			edicaid itle 19			Other		:	Private Pay	!		amily Care			Managed Care			
Level of Care	No.	90	Per Diem (\$)	No.	olo Olo	Per Diem (\$)	No.	્રે ૦	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	1	2.9	150	0	0.0	0	3	5.3	169	0	0.0	0	0	0.0	0	4	3.8
Skilled Care	12	100.0	309	30	88.2	129	0	0.0	0	49	86.0	162	0	0.0	0	1	100.0	270	92	88.5
Intermediate				3	8.8	108	0	0.0	0	5	8.8	153	0	0.0	0	0	0.0	0	8	7.7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	12	100.0		34	100.0		0	0.0		57	100.0		0	0.0		1	100.0		104	100.0

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CARE-AGE OF BROOKFIELD

Admissions, Discharges, and	ļ	Percent Distribution	n of Residents'	Condit	ions, Services, and	d Activities as of 12	/31/03
Deaths During Reporting Period	 				% Needing		Total
ercent Admissions from:	i	Activities of	8		sistance of	% Totally	Number of
Private Home/No Home Health	2.5	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		73.1	26.9	104
Other Nursing Homes	1.9	Dressing	9.6		68.3	22.1	104
Acute Care Hospitals	88.6	Transferring	17.3		63.5	19.2	104
Psych. HospMR/DD Facilities	0.0	Toilet Use	14.4		64.4	21.2	104
Rehabilitation Hospitals	0.0	Eating	61.5		22.1	16.3	104
Other Locations	7.0	******	******	*****	*****	******	******
otal Number of Admissions	158	Continence		용	Special Treatmen	ts	8
ercent Discharges To:		Indwelling Or Extern	nal Catheter	11.5	Receiving Resp.	iratory Care	15.4
Private Home/No Home Health	19.5	Occ/Freq. Incontiner	nt of Bladder	59.6	Receiving Trac	heostomy Care	1.0
Private Home/With Home Health	8.5	Occ/Freq. Incontiner	nt of Bowel	31.7	Receiving Suct	ioning	1.0
Other Nursing Homes	0.0				Receiving Osto	my Care	0.0
Acute Care Hospitals	34.1	Mobility			Receiving Tube	Feeding	2.9
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	7.7	Receiving Mech	anically Altered Diet	s 35.6
Rehabilitation Hospitals	0.0						
Other Locations	6.7	Skin Care			Other Resident Cl	haracteristics	
Deaths	31.1	With Pressure Sores		9.6	Have Advance D	irectives	100.0
otal Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	164				Receiving Psyc	hoactive Drugs	71.2

		Owne	ership:	Bed	Size:	Lic	ensure:				
	This Proprieta		prietary	100	-199	Ski	lled	Al	1		
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities		
	용	૪	Ratio	%	Ratio	%	Ratio	8	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	97.3	84.7	1.15	87.0	1.12	86.6	1.12	87.4	1.11		
Current Residents from In-County	75.0	81.8	0.92	86.4	0.87	84.5	0.89	76.7	0.98		
Admissions from In-County, Still Residing	20.9	17.7	1.18	18.9	1.11	20.3	1.03	19.6	1.06		
Admissions/Average Daily Census	147.7	178.7	0.83	166.7	0.89	157.3	0.94	141.3	1.04		
Discharges/Average Daily Census	153.3	180.9	0.85	170.6	0.90	159.9	0.96	142.5	1.08		
Discharges To Private Residence/Average Daily Census	43.0	74.3	0.58	69.1	0.62	60.3	0.71	61.6	0.70		
Residents Receiving Skilled Care	92.3	93.6	0.99	94.6	0.98	93.5	0.99	88.1	1.05		
Residents Aged 65 and Older	97.1	84.8	1.14	91.3	1.06	90.8	1.07	87.8	1.11		
Title 19 (Medicaid) Funded Residents	32.7	64.1	0.51	58.7	0.56	58.2	0.56	65.9	0.50		
Private Pay Funded Residents	54.8	13.4	4.08	22.4	2.44	23.4	2.35	21.0	2.62		
Developmentally Disabled Residents	4.8	1.1	4.47	1.0	4.72	0.8	5.69	6.5	0.74		
Mentally Ill Residents	44.2	32.2	1.38	34.3	1.29	33.5	1.32	33.6	1.32		
General Medical Service Residents	12.5	20.8	0.60	21.0	0.60	21.4	0.59	20.6	0.61		
Impaired ADL (Mean)	50.6	51.8	0.98	53.1	0.95	51.8	0.98	49.4	1.02		
Psychological Problems	71.2	59.4	1.20	60.0	1.19	60.6	1.17	57.4	1.24		
Nursing Care Required (Mean)	8.2	7.4	1.11	7.2	1.14	7.3	1.13	7.3	1.12		